

USAID/India
ANNUAL REPORT FY 2003

3/13/2003

Please Note:

The attached RESULTS INFORMATION is from the FY 2003 Annual Report and was assembled and analyzed by the country or USAID operating unit identified on the cover page.

The Annual Report is a "pre-decisional" USAID document and does not reflect results stemming from formal USAID review(s) of this document.

Related document information can be obtained from:

USAID Development Experience Clearinghouse

1611 N. Kent Street, Suite 200

Arlington, VA 22209-2111

Telephone: 703-351-4006 Ext 106

Fax: 703-351-4039

Email: docorder@dec.cdie.org

Internet: <http://www.dec.org>

Portions released on or after July 1, 2003

A. Program Level Narrative

Program Performance Summary:

Background: India is home to more than a billion people, roughly one-sixth of the world's population. More than 4/5 of the people are Hindu, but India has the world's second largest Muslim population (over 120 million). There are 18 official languages, including English. Hindi is the most widely spoken. India is the world's largest democracy. It has a federal system of government, with 28 states and seven union territories. The current government is a coalition of 24 political parties. National elections are scheduled for October 2004. India's economy is the world's 11th largest. Its per capita gross domestic product (GDP) in 2000-2001 was \$440, and grew at 5.4%. India's exports were approximately \$44 billion last year, with the U.S. continuing its long-standing status as India's largest trading partner, accounting for around 14% of the country's total external trade.

India has been a good development partner for USAID. In June of 1991, India began a process of opening and liberalizing its closed and inward focused economy. The new economy showed dramatic results. Average annual pre-liberalization growth rates were 3-4% (1950-1990). Post-liberalization growth rates have hit 6-7%, but are now faltering.

Today, approximately 30% of the population lives in poverty, compared to around 40% in the 1980s and more than 50% at independence. That 30% figure translates into more than 300 million Indians who live in abject poverty. That number represents more than all the poor in Africa and Latin America combined. India has the world's largest concentration of desperately poor people. India will overtake China as the world's most populous country by 2050. If current population growth rates are not reduced, India will reach two billion people by 2070. India has almost four million people affected by HIV/AIDS. The U.S. National Intelligence Council projects that India could have as many as 25 million people affected by 2010 if more aggressive steps to combat the disease are not taken. More than half of the country's children are malnourished. Thirty percent of the world's births occur in India and result in 20% of the world's maternal deaths and 20% of the world's child deaths. Forty-two of every 1,000 girl children, compared to 29 boy children, die before reaching the age of five. More than two million Indian children die every year from preventable or curable diseases. Fewer than half of Indian women are literate.

Despite extensive constitutional and statutory safeguards, large sections of the Indian polity remain disadvantaged in their quest for equitable treatment under the civil and criminal judicial systems. Human rights abuses are often generated by intense social tensions that disproportionately touch women, the poor, religious minorities, and other disadvantaged groups. India's 160 million Dalits, who are also known as "untouchables," suffer severe hardship. As victims of economic exploitation rooted in the caste system, they are virtually excluded from Indian society and endure some of the worst health conditions in the world. Dalits are born poor and landless and face discrimination at almost every stage of life. Wages from their jobs rarely provide enough income to feed their families or educate their children, and so the cycle of poverty and illiteracy continues from generation to generation. Discrimination against women remains entrenched in India. Deep-rooted cultural beliefs and traditional practices deprive women of education, health care and nutrition. Violence against women is widespread, and includes infanticide, child abuse and rape.

Policy distortions are a major impediment to economic and social development. For example, energy subsidies result in annual losses of more than \$5 billion-an amount equal to half of what all Indian states spend annually on all levels of education and double what they spend on health. Public sector expenditures average less than 1% of Gross Domestic Product (GDP) on health and less than 4% on education, and state fiscal policies make it impossible to raise the necessary financing to devote more than these minimal resources to critical social sectors.

The economic reforms instituted in 1991 have changed the face of India and its poverty. However, the pace of reform has slowed. A second generation of reforms is necessary to put growth on a higher trajectory. Experts agree that the country has the potential to grow at up to 10% per year, a rate that would allow another 100 million people to lift themselves out of poverty within a generation.

India's relations with the United States are undergoing a dramatic transformation. President Bush has specifically signaled his determination to intensify U.S. collaboration with India on a wide range of issues, a process that accelerated after September 11, 2001. India is an ally in the War on Terror, and bilateral cooperation in diplomacy, defense, intelligence-sharing, and law enforcement is proceeding in ways unimaginable a short time ago. The United States is deepening its engagement in such fields as the environment, energy, population, health, and scientific and medical research. Economic and commercial relations with the U.S. continue to underperform due in large part to slow and inconsistent progress on economic reform.

India's relations with Pakistan are marked by a decades-old dispute over the status of Jammu and Kashmir. India accuses Pakistan of sponsoring terrorism. The December 13, 2001 terrorist attack on the Indian parliament was a key factor leading India to mobilize its armed forces along the line of control with Pakistan and this nearly led to war in the spring of 2002.

U.S. Interests and Goals: Because India has the potential to be a stabilizing factor in an unstable region, U.S. national interests in the country are firmly rooted in: (1) national security, achieved through regional stability; (2) economic prosperity achieved through opening markets; (3) global issues of population growth, infectious diseases, and climate change; (4) development and democracy concerns of alleviating poverty, reducing malnutrition, and improving the status of women; and (5) humanitarian response by saving lives and reducing suffering associated with disasters.

The U.S. Securities and Exchange Commission, U.S. Bureau of Census, Department of Energy and Environmental Protection Agency, Center for Disease Control, are all presently working together in the delivery of assistance for the achievement of U.S. objectives.

Donor Relations: The United States is the third largest bilateral donor to India, after Japan and the United Kingdom. Six multilateral and 13 bilateral donors provide economic assistance to India. USAID collaborates with other donors on economic growth, reproductive health, HIV/AIDS and other infectious diseases, air pollution control, urban environmental infrastructure, and women's empowerment.

Challenges: The past year has been one of important challenges as illustrated below:

(a) USAID is addressing numerous implementation challenges in its efforts to translate its reproductive health program's successes in select geographic areas and individual program components into impacts at scale. The senior management of USAID's major implementing partner in Uttar Pradesh (UP), the State Innovations in Family Planning Services Agency, changed this year, as did nearly all senior government officials in the state health services delivery system. A two month evacuation of American staff during the period of increased tension between India and its nuclear neighbor Pakistan produced additional challenges. UP is the epicenter of a resurgent polio epidemic, and this has diverted health service delivery manpower. In response to these challenges, USAID and its implementing partners have together charted plans that will consolidate UP achievements over the remaining two years of the Innovations in Family Planning Services (IFPS) project. Coverage of NGO activities will be increased and intensified, since they have been proven to deliver outstanding results. Social marketing efforts will be expanded, including the new area of marketing health services. USAID funded activities in the public sector are being expanded, as the public sector accounts for nearly two thirds of use of modern contraception (sterilization) in UP. Demonstration activities in the private sector for injectables are planned, which will broaden the available method mix. Finally, the vital communications program will be reinvigorated, as past promotion efforts have been suboptimal.

(b) The P.L. 480 Title II Program faces a critical challenge as the Government of India's Genetic Engineering Approval Committee has not yet approved the import of Corn Soya Blend. Plans for an accelerated graduation have been conveyed by USAID Washington. Options and plans for continuing these programs are being explored.

Key Achievements: FY 2002 was a year of mixed progress for the USAID program in India. The mission's new strategy has built on lessons learned through implementation and become more constructively

engaged in emerging policy issues. Significant gains were made this year in environmental pollution, urban environmental infrastructure financing, and disaster relief assistance.

1. Reproductive Health: The SO focuses on increasing use of reproductive health services; increasing use and quality of family planning services; and stimulating private sector participation and commercial partnerships for the development, promotion, and availability of reproductive and child health technologies. The Innovations in Family Planning Services (IFPS) activity assists the states of Uttar Pradesh (UP) and Uttaranchal to reduce their high rates of population growth. The major focus of USAID's reproductive health activity is in UP-India's most populous state with 166 million people-and the newly created state of Uttaranchal with 9 million people. In 2002, the contraceptive prevalence rate (CPR) remained relatively high in select areas, as did the coverage among pregnant women with at least two doses of tetanus toxoid. There was a substantial increase in births attended by a trained provider.

2. Child Survival: Under this SO, USAID's PL 480 Title II partners [CARE and (Catholic Relief Services)] continued outreach to the rural poor by providing child survival and nutrition assistance to about seven million of India's poorest mothers and children in 100,000 villages of India. Key child survival interventions include immunization, breastfeeding, supplementary feeding, antenatal care, vitamin A and iron-folate supplementation, newborn care, and timely complementary feeding. During FY 2002, 43% of local feeding centers known as Anganwadi centers (AWCs) were conducting one monthly Nutrition and Health day (NH Days). This indicator has exceeded the target in spite of sub-optimal commodity availability during the year due to the Genetic Engineering Approval Committee's delayed decision on the import of CSB and oil for the Title II program. The CRS Safe Motherhood and Child Survival (SMCS) program reached 84% of the planned program activities. Ninety-one percent of the program villages conducted monthly health education sessions during FY 2002. Over 83% of the children under three were growth monitored every month.

3. Energy/Environment: Through this SO, USAID supports efforts to increase efficiency in electricity generation and promote non-conventional energy sources; promote widespread commercialization of energy-efficient technologies and services; and develop, package, and implement urban environmental infrastructure projects that improve access to basic services by the poor. The achievements under the objective resulted in the improvement of efficiency in thermal power plants, the proposal of alternative transport management solutions, and the identification of Green House Gas abatement waste management practices. Specifically, 9.5 million tons of carbon dioxide emissions were avoided. Three more cities, using USAID tools, identified environmental needs, prioritized them, and prepared investment plans for urban environmental infrastructure. The Government of Tamil Nadu approved the U.S. \$200 million Tirupur Water and Sanitation project. USAID, through the Development Credit Authority, provided loan guarantees for \$25 million to be invested in this project. The project will improve living conditions for more than 800,000 people who reside in Tirupur and its surrounding towns, including about 60,000 slum - dwellers who will be the first to receive improved sanitation services through this project. The project will provide 185 million liters per day of potable water to Tirupur and its environs and more than 700 textile firms in and around Tirupur. With USAID assistance a draft "Model Municipal Act" was developed, incorporating the Government of India's urban sector reform agenda to assist in the drafting of municipal legislation facilitating better environmental management, private sector participation in municipal services, and improved accessibility of capital markets for investment in urban infrastructure.

Global Development Alliances (GDA) activities have been incorporated into USAID/India's environment program by involving private sector partners. In FY 2002, USAID/India obligated \$2 million in bilateral funding for GDA proposals. The project is implemented by a private sector bank (ICICI Bank Limited). Two GDA proposals - Solar Finance Capacity Building Alliance (SFCBA) and Green Business Center (GBC) - have been submitted to ICICI Bank by Winrock International India and the Confederation of Indian Industries. The Alliance has leveraged USAID resources with the private sector and other stakeholders. The SFCBA will train 5,000 bankers to appraise loan proposals for solar energy products/projects. 15,000 new consumer loans will be made by commercial banks for buying solar energy products. The GBC proposal advances the public policy goals of sustainable development, efficiency and environmental protection.

4. **AIDS and Infectious Diseases:** USAID seeks to slow the spread of HIV/AIDS by increasing safe sexual behavior for HIV prevention. Behavioral surveillance survey results in 2002 show substantial achievement in sustaining behavior change in Tamil Nadu. Condom use among truckers has remained relatively high. According to preliminary 2002 data, 75% of truckers reported condom use during their last non-regular sexual encounter. Condom use among commercial sex workers during their last sexual encounter remains high at 88.0%. Moreover, there was a significant increase in the proportion of STD clinic attendees who reported condom use during last non-regular sex: 25.7%. In FY 2002, the AIDS Prevention and Control project in Tamil Nadu was expanded to include the neighboring union territory of Pondicherry, an event that recognizes the benefits and successes of this model project. USAID's second bilateral program, Avert, has had less success over the past year. In tuberculosis, the USAID-supported model DOTS program in one district of Tamil Nadu has raised its case detection rate from 29% in 1999 to 92% in FY 2002. In the same district, cure rates following DOTS have gone from 61% in 1999 to 90% in 2002

5. **Economic Growth:** USAID's economic growth program is designed to encourage the efficient mobilization and allocation of the resources needed for development. During FY 2002, USAID worked with India's securities market regulator, the Securities and Exchange Board of India (SEBI), to give it more appropriate regulatory powers. The Government of India recently made major amendments to the SEBI Act to give it powers to call for information and records from any bank, corporation, and government agency; and to impose penalties for fraudulent and unfair trade practices.

6. **Disaster Management:** India is a country prone to disasters. This SO focuses on restoring the capacity of communities affected by disasters to recover and rebuild; and on improving the capacity of governments and NGOs to carry out post disaster damage and needs assessments. Activities under this special objective have focused on households affected by the devastating earthquake that hit the district of Kutch in the State of Gujarat in January 2001. USAID activities have rebuilt more than 1,300 homes; provided critical health care through mobile clinics to 272,945 people in 167 villages; vaccinated pregnant women and children against tetanus, polio, diphtheria and measles; provided programs for 1,000 orphaned and displaced children; and helped women in 161 villages form self-help groups.

7. **Education/Equity:** This SO focuses on reducing child labor through quality education, expanding sustainable financial services for women; and increasing informed advocacy for reducing violence against women. USAID's education activities through UNDP and Catholic Relief Services support Indian NGOs working to prevent and eliminate child labor through increased participation in quality education. Under this activity approximately 75,000 out-of-school and potential out-of-school children benefited in four Indian states. USAID-funded research on violence against women was used in the drafting of a violence against women bill. USAID funded UNIFEM to examine best practices in prevention and protection against trafficking of women and children, including lobbying with critical stakeholders. These activities enhance understanding and awareness of the trafficking of women and children situation in India, add to the visibility of the anti-trafficking problem, enhance political will, build capacities and develop model programs for replication.

Trade Capacity Building: The United States-Asia Environmental Partnership (USAEP) program funded by USAID focuses on trade capacity building through technology cooperation as a key component. In most cases, the activities are needs driven from host governments (at the national, state and local level) as well as the private sector. USAEP promotes the transfer of U.S. environmental practices. It has been successful in initiating sales of U.S. \$2 million in 2002 for reciprocating pond system municipal wastewater treatment technology and for ground water modeling and arsenic removal technologies to mitigate the water contamination problem in West Bengal. Technologies in both pollution control and mitigation have been successfully introduced in India either through the direct sales route or through licensing and manufacturing agreements.

Gender: Gender issues are addressed as major cross-cutting themes under the reproductive health, child survival, education/equity and disaster assistance programs. USAID's reproductive health program focuses on women's reproductive health in India's most populous state, Uttar Pradesh, in order to reduce the current high level of fertility and provide overall improvements for women's reproductive health.

Under the Title II program, women are the direct beneficiaries of the program. Capacity building efforts are largely directed at women. During FY 2002, CARE succeeded in having gender sensitization content introduced into the Anganwadi Workers Training curriculum in one of the states. The outcome of education/equity activities focusing on women and girls has been cutting-edge research in the area of violence against women and the establishment of a resource-center, to promote girls' education; and strengthening of microfinance institutions (MFI), which demonstrate great potential for expansion of financial services to low-income women. The disaster assistance program encouraged full participation of women in decision making related to post earthquake recovery.

U:\Gulshan\2003 Annual Report\Program Performance Narrative:01/06/2003

Environmental Compliance: Plan for new initial environmental examinations:

Activity	Timeframe for approval
Insurance and Pension	February 2003
Microfinance	February 2003
Agriculture	February 2003
Energy-Water Nexus	March 2003
New Population, Child Survival and HIV/AIDS	February 2003
Education	January 2003
Access to Justice	March 2003

All current Strategic Objectives and related activities are in compliance with 22 CFR 216. Monitoring the Gujarat Earthquake Relief Initiative (GERI) is complex due to many activities from a diverse group of donors and PVOs operating in the same geographic area. Despite this, quarterly site visits show that construction workers are aware of and following environmental guidelines.

Country Closeout & Graduation: Not Applicable

D. Results Framework

386-001 Increased capacity of financial markets to conduct efficient intermediation

- IR 1.1 Increased capacity of financial markets to conduct efficient intermediation
- IR 1.2 Increased capacity of and public support for state governments to strengthen fiscal discipline
- IR 1.3 Increased capacity of urban local governments to raise and allocate resources

IR 1.4 Increased capacity of policy, technology and trade to improve farm and national level resource allocation

Discussion:

386-002 Reduced Fertility and Improved Reproductive Health in North India

- IR 2.1 Increased quality of family planning services
 - IR 2.1.1 Number of IFPS-trained public sector providers performing to standards as defined by standardized protocols in the 28 PERFORM districts of UP
- IR 2.2 Improved use of family planning services
 - IR 2.2.1 Contraceptive Prevalence Rate for the 28 PERFORM districts of UP
- IR 2.3 Increased use of RH services
 - IR 2.3.1 Percentage of deliveries attended by a trained provider, in 28 PERFORM districts of UP
 - 2.3.2 Percentage of pregnant women receiving two doses of tetanus toxoid
- IR 2.4 Increased access to and availability of DOTS

Discussion:

386-003 Improved Child Survival and Nutrition in Selected Areas of India

- IR 3.1 Increased use of key child survival interventions
 - IR 3.1.1 Percentage of children, 12-23 months old, in program catchment area, fully immunized by age one
 - IR 3.1.2 Average number of Anganwadi centers conducting at least one monthly, Nutrition and Health day with take home ration and immunization
- IR 3.2 Improved maternal and child nutrition
 - IR 3.2.1 Percentage of pregnant women, in program catchment area, delivered in the past year, who received 90-100 iron folic acid tablets
 - IR 3.2.2 Number of counterpart personnel and community members given training in nutrition and health topics
- IR 3.3 Improved targeting of at-risk populations
 - IR 3.3.1 Percentage of children under two (6-23 months old) in program catchment areas, enrolled in the supplemental food program
 - IR 3.3.2 Percent of children 6-23 months old in program catchment area enrolled for take home ration

Discussion:

386-004 Increased Environmental Protection in Energy, Industry and Cities

- IR 4.1 Increased efficiency and decreased pollution in energy supply and use
- IR 4.2 Pollution reduced in selected industrial sectors
- IR 4.3 Improved urban environmental infrastructure built and services delivered in selected cities
 - IR 4.3.2 Local governments/ authorities with urban environmental management tools available to them

Discussion:

386-007 Reduced Transmission and Mitigated Impact of Infectious Diseases, Especially STD/HIV/AIDS in India

- IR 7.1 Reduced transmission of HIV/AIDS and related infectious diseases in Tamil Nadu
 - IR 7.1.1 Percentage of individuals belonging to specified high-risk groups who report condom use in most recent sexual encounters with a non-regular partner
 - IR 7.1.2 Percentage of population with symptomatic Sexually Transmitted Diseases (STD) seeking care from qualified medical practitioners in Tamil Nadu
 - IR 7.1.3 Cumulative number of APAC grants for AIDS prevention in Tamil Nadu

Discussion:

386-009 Expanded Advocacy and Service Delivery Networks for Women and Girls

IR 9.1 Sustainable financial services for women expanded

IR 9.2 Increased informed advocacy for reducing Violence Against Women (VAW)

IR 9.2.1 Number of local institutions collecting data or assisting in informed advocacy on violence against women

IR 9.3 Increased capacity of education service providers to boost girls' participation in basic education in selected regions in India

IR 9.3.1 Number of government and non-governmental organizations undertaking new girl's education enhancing efforts by BETI

Discussion:

386-011 Increased Capacity of Financial Markets and Government to Transparently and Efficiently Mobilize Resources

Discussion:

386-012 Recovery, Reconstruction and Rehabilitation Needs Met for Targeted Vulnerable Groups

Discussion:

Selected Performance Measures - India

3/13/2003 11:02:06 AM

Indicator (all data should pertain to FY or CY 02)	OU Response	Significant Result: Description of the significant result for a strategic objective	Data Quality Factors: Information relevant to the collection of this indicator data, e.g. "this data was not collected last year because it is only collected every five years."
Pillar I: Global Development Alliance			
Did your operating unit achieve a significant result working in alliance with the private sector or NGOs?			
a. How many alliances did you implement in 2002? (list partners)			
b. How many alliances do you plan to implement in FY 2003?			
What amount of funds has been leveraged by the alliances in relationship to USAID's contribution?			
Pillar II: Economic Growth, Agriculture and Trade			
USAID Objective 1: Critical, private markets expanded and strengthened			
Did your program achieve a significant result in the past year that is likely to contribute to this objective?			
USAID Objective 2: More rapid and enhanced agricultural development and food security encouraged			
Did your program achieve a significant result in the past year that is likely to contribute to this objective?			
USAID Objective 3: Access to economic opportunity for the rural and urban poor expanded and made more equitable			
Did your program achieve a significant result in the past year that is likely to contribute to this objective?			
USAID Objective 4: Access to quality basic education for under-served populations, especially for girls and women, expanded			
Did your program achieve a significant result in the past year that is likely to contribute to this objective?			
a. Number of children enrolled in primary schools affected by USAID basic education programs (2002 actual)	Male	Female	Total
b. Number of children enrolled in primary schools affected by USAID basic education programs (2003 target)	Male	Female	Total
USAID Objective 5: World's environment protected by emphasizing policies and practices ensuring environmentally sound and efficient energy use, sustainable urbanization,			
Did your program achieve a significant result in the past year that is likely to contribute to this objective?			
386-004 Increased Environmental Protection in Energy, Industry and Cities	Yes		CO2 equivalent of greenhouse gas (GHG) emissions avoided.
a. Hectares under Approved Management Plans (2002 actual)			
b. Hectares under Approved Management Plans (2003 target)			
Pillar III: Global Health			
USAID Objective 1: Reducing the number of unintended pregnancies			
Did your program achieve a significant result in the past year that is likely to contribute to this objective?			

Independendnt data quality assessment has been done in March 2002 for this indicator.

386-002 Reduced Fertility and Improved Reproductive Health in North India	Yes			Contraceptive Prevalence Rate for the 28 PERFORM districts of Uttar Pradesh	This indicator was assessed by an independent contractor in March 2002. The contractor reported that there were no significant limitations.
Percentage of in-union women age 15-49 using, or whose partner is using, a modern method of contraception at the time of the survey. (DHS/RHS)	26.3%				Data has been generated through SO2 annual population based survey by the POLICY project. It captures percentage of currently married women age 15-49 using a modern method of contraception at the time of the survey in 38 Innovations in Family Planning Services (IFPS) project districts of UP and Uttaranchal. An independent data assessment has concluded that the data has known significant data limitations that would impair the Mission's ability to know with reasonable confidence that the intended results was achieved. Per 2001 census report the 38 IFPS districts have a total population of approximately 85 million.

USAID Objective 2: Reducing infant and child mortality

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

386-003 Improved Child Survival and Nutrition in Selected Areas of India	Yes			Average number of Anganwadi centers conducting at least one monthly nutrition and health day with take home-ration and immunization.	There was an assessment of the indicator conducted by an independent contractor in December 2003. The contractor has reported that the indicator contains no significant data limitation.
Percentage of children age 12 months or less who have received their third dose of DPT (DHS/RHS)	Male	Female	Total		
Percentage of children age 6-59 months who had a case of diarrhea in the last two weeks and received ORT (DHS/RHS)	Male	Female	Total		
Percentage of children age 6-59 months receiving a vitamin A supplement during the last six months (DHS/RHS)	Male	Female	Total		
Were there any confirmed cases of wild-strain polio transmission in your country?					

USAID Objective 3: Reducing deaths and adverse health outcomes to women as a result of pregnancy and childbirth

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

386-003 Improved Child Survival and Nutrition in Selected Areas of India	Yes			Average number of Anganwadi centres conducting at least one monthly nutrition and health day with take home-ration and immunization.	The indicator was assessed by an independent contractor in December 2002. The contractor has reported that the indicator contains no significant data limitations.
Percentage of births attended by medically-trained personnel (DHS/RHS)	%				

USAID Objective 4: Reducing the HIV transmission rate and the impact of HIV/AIDS pandemic in developing countries

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

Yes		
-----	--	--

An assessment of the indicator was conducted in March 2002 by an independent contractor. The contractor reported that the data reported has no significant limitations.

--	--	--	--

--	--	--	--

%			
---	--	--	--

--	--	--	--

Male	Female	Total	
------	--------	-------	--

%			
---	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

Number of individuals reached by community and home-based care programs in the past 12 months				
Number of USAID-assisted community and home-based care programs				
Number of clients seen at Voluntary Counseling and Testing (VCT) centers				
Number of VCT centers with USAID assistance				
Number of HIV-infected persons receiving Anti-Retroviral (ARV) treatment				
Number of USAID-assisted ARV treatment program				
a. Number of individuals treated in STI programs (2002 actual)	Male	Female	Total	
b. Number of individuals treated in STI programs (2003 target)	Male	Female	Total	
a. Is your operating unit supporting an MTCT program?				
b. Will your operating unit start an MTCT program in 2003?				
a. Number of individuals reached by community and home based care programs (2002 actual)	Male	Female	Total	
b. Number of individuals reached by community and home based care programs (2003 target)	Male	Female	Total	
a. Number of orphans and vulnerable children reached (2002 actual)	Male	Female	Total	
b. Number of orphans and vulnerable children reached (2003 target)	Male	Female	Total	
a. Number of individuals reached by antiretroviral (ARV) treatment programs (2002 actual)	Male	Female	Total	
b. Number of individuals reached by antiretroviral (ARV) treatment programs (2003 target)	Male	Female	Total	
USAID Objective 5: Reducing the threat of infectious diseases of major public health importance				
Did your program achieve a significant result in the past year that is likely to contribute to this objective?				
386-007 Reduced Transmission and Mitigated Impact of Infectious Diseases, Especially STD/HIV/AIDS in India	Yes			Percentage of population with symptomatic Sexually Transmitted Diseases (STD) seeking care from qualified medical practitioners in Tamil Nadu
a. Number of insecticide impregnated bed-nets sold (Malaria) (2002 actual)				An independent assessment of this indicator was conducted in March 2002 by a contractor. The contractor has reported that there are no significant data limitations.
b. Number of insecticide impregnated bed-nets sold (Malaria) (2003 target)				

a. Proportion of districts implementing the DOTS Tuberculosis strategy (2002 actual)	%			
b. Proportion of districts implementing the DOTS Tuberculosis strategy (2003 target)	%			

Pillar III: Democracy, Conflict and Humanitarian Assistance
USAID Objective 1: Strengthen the rule of law and respect for human rights

Did your program achieve a significant result in the past year that is likely to contribute to this objective?
USAID Objective 2: Encourage credible and competitive political processes

Did your program achieve a significant result in the past year that is likely to contribute to this objective?
USAID Objective 3: Promote the development of politically active civil society

Did your program achieve a significant result in the past year that is likely to contribute to this objective?
USAID Objective 4: Encourage more transparent and accountable government institutions

Did your program achieve a significant result in the past year that is likely to contribute to this objective?
USAID Objective 5: Mitigate conflict

Did your program in a pre-conflict situation achieve a significant result in the past year that is likely to contribute to this objective?

Did your program in a post-conflict situation achieve a significant result in the past year that is likely to contribute to this objective?

Number of refugees and internally displaced persons assisted by USAID	Male	Female	Total	
-----------------------------------------------------------------------	------	--------	-------	--

USAID Objective 6: Provide humanitarian relief

Did your program achieve a significant result in the past year that is likely to contribute to this objective?				
Number of beneficiaries				
Crude mortality rates	%			
Child malnutrition rates	%			
Did you provide support to torture survivors this year, even as part of a larger effort?				
Number of beneficiaries (adults age 15 and over)	Male	Female	Total	
Number of beneficiaries (children under age 15)	Male	Female	Total	